



## **NOTICE OF PATIENT INFORMATION PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **OT Solutions, Inc.'s LEGAL DUTY**

OT Solutions, Inc. is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

OT Solutions, Inc. uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, OT Solutions, Inc. may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

OT Solutions, Inc. may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We also provide information when required by law.

In any other situation, OT Solutions, Inc.'s policy is to provide your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

OT Solutions, Inc. may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

### **PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other relates administrative purposes.

You may also request in writing that we do not use or disclose your personal health information for treatment, payment, and administrative purpose except when specifically authorized by you, when required by law or in emergency circumstances. OT Solutions, Inc. will consider all such request on a case-by-case basis, but the practice is not legally required to accept them.

### **CONCERNS AND COMPLAINTS**

If you are concerned that OT Solutions, Inc. may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on OT Solutions, Inc.'s health information practices or if you have a complaint, please contact the following person: Crystal Powell, Practice Manager at 910-313-2111.

### **ACKNOWLEDGMENT**

I have read and fully understand OT Solutions, Inc.'s Notice of Information Practices. I understand that OT Solutions, Inc. may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I also understand that OT Solutions, Inc. will consider request for restriction on a case-by-case basis, but does not have to agree to request for restrictions.

I hereby acknowledge to the use and disclosure of my personal health information for purposes as noted in OT Solutions, Inc. Notice of information practices. I understand that I retain the right to revoke this acknowledgement by notifying the practice in writing at any time.

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